

PETER C. HARVEY
ATTORNEY GENERAL OF NEW JERSEY
Division of Law - 5th floor
124 Halsey Street
P.O.B. 45029
Newark, New Jersey 07101
By: Joan D. Gelber
Deputy Attorney General
Tel. 973-648-4741

FILED

January 21, 2004

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY
DEPT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS
OAL Dkt. No. BDSME 07413-2003s

**IN THE MATTER OF *THE* SUSPENSION
OR REVOCATION OF LICENSE OF
ERLINDA D. DEL ROSARIO, M.D.
TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY**

**ADMINISTRATIVE ACTION
FINAL ORDER**

This matter was presented to the State Board of Medical Examiners by the Attorney General of New Jersey, by Joan D. Gelber, Deputy Attorney General, by way of Administrative Complaint filed December 24, 2002. The 'I-Count' Complaint alleged that respondent had unlawfully allowed herself to be employed by a practitioner with a limited license (chiropractor) and by the chiropractor's general business corporation diagnostic testing company; that she had allowed her name to be affixed to billings for NCVs/SSEPs of patients without having exercised professional discretion in authorizing the tests or directing and supervising the testing process; that she ordered or condoned medically unnecessary testing for at least 18 exemplar patients; that the testing which she purported to interpret had been performed in a grossly incompetent and/or fraudulent manner; that she failed to properly examine and manage the diagnostic workup of a patient who subsequently died from causes which might have been discovered in time to treat him; that she failed to properly interpret diagnostic tests or to prepare proper patient records; that she engaged in and also condoned deceptive billing issued in her name; and that she agreed to accept rent-free space in which she tested patients referred by the employing chiropractor offices in circumstances where an entity producing revenue to that chiropractor was thereby enabled to bill and retain large testing fees billed in respondent's name as provider. The conduct summarized above was alleged to constitute violations

CERTIFIED TRUE COPY

of N.J.S.A. 45:1-21(b), (c), (d), (e) and (h), and 45:9-6, as well as violations of rules N.J.A.C. 13:35-6.5 and 13:35-6.16(f)(4), and -6.17(c) and (h).

Respondent Dr. Del Rosario, who holds license number MA 61003, has been engaged in the private practice of physiatry at various addresses, including Princeton and Plainsboro under her own name and as Windsor Rehabilitation and Diagnostic, P.A. and, itinerantly, at the offices of various chiropractors and other practitioners in New Jersey. She is represented by Joseph R. Lang, Esq. An Answer to the Administrative Complaint, denying allegations, was entered February 7, 2003. On April 28, 2003 respondent agreed to refrain from any form of medical practice while settlement terms were considered.

Dr. Del Rosario, having considered the matter and having had the opportunity to consult with her attorney, has now waived her opportunity for plenary hearing before the Board or the Office of Administrative Law and, in the interests of amicable settlement of the matter, has amended her prior filed Answer to assert that she neither admits nor denies any of the allegations of the Complaint, except in connection with Count 4 involving respondent's recommendation for ongoing chiropractic treatment and her non-referral of patient Mr. C.G. for imaging studies to evaluate his persistent pain three months after his motor vehicle accident and subsequent chiropractic manipulations to the area of neck and upper and lower back administered by the chiropractor.

With regard to Count 4, respondent denies that there were medical indications to refer the patient for imaging studies, denies that her recommendations or care for this patient departed from accepted standards of care, denies that her care and treatment increased any risk of harm to that patient and denies that her conduct was a substantial factor contributing to the patient's death three weeks after consultation with her, from a hemothorax and rupture of the superior vena cava.

Dr. Del Rosario has offered to surrender her license, aware that in the circumstances it shall be deemed a revocation. Dr. Del Rosario has also represented that she will fully cooperate, if asked, in the further investigation and potential prosecution involving persons who made referrals to her or performed testing billed in her name, and that she will testify fully and truthfully in any such proceeding.

The Board has considered the above matters and has determined that it is unnecessary to make a finding regarding Count 4 because the public will be adequately protected by the totality of

this resolution of the Administrative Complaint, which would have reached the same outcome based on the remaining Counts, and the specificity of the remedial measures which will be required in the event respondent ever seeks reinstatement of license. For sufficient cause shown, and contingent upon respondent's compliance with all of the conditions set forth below,

IT IS, ON THIS 21st DAY OF January 2004
ORDERED:

1. The surrender of license to practice medicine and surgery in the State of New Jersey, to be deemed a revocation, volunteered by respondent Erlinda Del Rosario, M.D., is hereby accepted, effective February 1, 2004. Respondent shall deliver her engrossed license and biennial registration, and her State Controlled Substances Registration and federal Drug Enforcement Administration Registration to the Board office.

2. Respondent shall assure orderly transfer of patients and availability to them of their patient records, pursuant to all the requirements of N.J.A.C. 13:35-6.5(h).

3. Respondent is assessed an aggregate civil penalty of \$30,000 for the offenses set forth in Counts 1 - 3, 5- 7, plus costs of \$27,810, to be paid within 10 days of the entry of this Order, at the Board office at P.O. Box 183, Trenton, NJ 08625-0183, by certified check or money order payable to the State of New Jersey.

4. Respondent shall reimburse the pertinent insurance carriers for the payments made on each bill submitted naming respondent as the provider, paid on behalf of each patient listed in the Complaint and referenced on Attachment A hereto in redacted form to protect patient confidentiality, in the total sum of \$5,068.20. Payment shall be made within 10 days of the entry of this Order by delivering to the Attorney General separate certified checks or United States Postal money orders payable to the two respective carriers (\$4,390.40 to Allstate, \$677.80 to Prudential).

5. With regard to any form or component of professional practice or services involving electrodiagnostic testing, alleged by respondent to have been performed by her or on her behalf by any entity, for which she had not yet billed or which has been billed but unpaid as of this date, respondent shall forego any attempt to bill or to collect for such alleged services and shall withdraw all claims for payment for such alleged services.

6. It is intended by the parties that this Order shall resolve all administrative and license issues with respondent, which were specifically alleged as violations by the Attorney General in the present Administrative Complaint, with regard to respondent's responsibility to the State Board of Medical Examiners, and solely in connection with Professional Board law and rules. The entry of this Order shall not limit the authority of the Attorney General or of any other person or agency to initiate any further action permitted by law, whether administrative, civil or criminal, in any court or other forum of competent jurisdiction in connection with any matters coming within that jurisdiction.

7. In the event that respondent shall seek a reinstatement of license, she shall first submit proof of the following:

(a) participation in a Board-approved program of focused evaluation of professional competency in general practice or in the specialty in which she seeks to resume practice. Such program must offer a written report of personal clinical interview, such diagnostic testing as is required or recommended by the program in the circumstances, review of a sample of patient records redacted to protect patient privacy, which records shall include at least two of the redacted records at issue in the Administrative Complaint as determined by the Attorney General; and oral examination by a panel of experts in the specified area of medicine. Respondent shall authorize the report to be released to respondent, to the State Board of Medical Examiners and to the Attorney General - Complainant in the administrative proceedings. The report shall otherwise be deemed confidential.

(b) attendance at a Board-approved ethics course, such as but not limited to the Professional Renewal in Medicine through Ethics (PRIM-E) course sponsored by Robert Wood Johnson Medical School, deemed completed by receipt of an unconditional passing grade;

(c) completion of a minimum of 100 hours of CME Category I, at least three-fourths of which shall be divided among psychiatry/neurology, clinical examination and diagnosis, and the balance in recordkeeping, all in courses found, upon review by the Board, to be acceptable in quality and completed successfully.

8. Following submission of a petition for reinstatement, respondent shall appear, on notice, before a designated Committee of the Board and shall be prepared to demonstrate compliance with

this Consent Order and readiness to practice medicine in the subject area *she* requests in a manner consistent with the public health, safety and welfare. Respondent shall also demonstrate that *she* is current in her financial obligations to the Board.

9. ~~Reinstatement~~ of license and resumption of medical practice shall be contingent upon respondent's agreement to the following:

(a) Medical practice shall be restricted, until further Order of the Board, to employment by a group practice organized as a professional service corporation, composed entirely of physicians board-certified in the area of medicine selected by respondent. Billing for respondent's services shall be reviewed and approved by respondent for accuracy, but shall be issued by the medical group only upon approval of the group's medical director or designee.

(b) If the report of the professional competency evaluation program or test has recommended remedial education, respondent shall agree to fully comply with all such recommendations and, upon return to practice, shall limit her practice to the subject(s) in which the evaluation program has deemed her sufficiently competent, except that respondent shall not undertake to perform or hold herself out as authorized to order, administer or interpret electrodiagnostic testing in any form.

(c) Respondent shall not engage in any itinerant practice. She may offer professional services only to patients seen at the office address of record maintained by the employing group.

(d) For any patient whom respondent believes manifests signs or symptoms of a neurological disorder warranting electrodiagnostic testing, respondent shall refer such patient for a second opinion, which written opinion may be provided by a board-certified neurologist or board-certified physiatrist within the group practice. Respondent shall not continue to treat any patient for a neurological disorder for which the diagnosis and/or her recommended treatment was not so confirmed.

(e) Respondent shall assure that if a patient presents for consultation, having persistent pain of any nature which has not responded to documented prior diagnosis and conservative treatment, respondent shall refrain from recommending chiropractic or other manipulative treatment and shall affirmatively advise the patient to receive appropriate imaging studies, if a report of such studies has not already been provided. Respondent shall follow up with a plenary-licensed primary care

physician of the patient's choice and may thereafter recommend such additional forms of treatment as she believes to be professionally appropriate.

(f) All costs of the measures set forth in this paragraph shall be borne by respondent, and shall not be passed on to patients.

10(a) .Respondent shall propose, for Board review and approval, a physician licensed in this State to serve as monitor. The monitor shall not be a relative or present or former supervisor or anyone who formerly had a financial or professional relationship of any type with respondent. Respondent shall first submit to the Board, with a copy to the prosecuting Deputy Attorney General, a curriculum vitae of the proposed monitor, along with that person's signed acknowledgment that he/she has read the allegations of the Complaint and the disposition herein, recognizes the responsibilities incumbent upon the monitor as set forth below, and agrees to accept same. The monitor shall submit a proposed plan for the task, including an outline for the elements to be included in the required reporting. Approval of the monitor is at the sole discretion of the Board, and shall not be unreasonably withheld. The cost of the monitor's services shall be borne by respondent and shall not be passed on to patients/payors.

(b) The monitor shall personally inspect at least 10 of respondent's then current patient charts (or all, if less than ten), independently selected by the monitor, to review each week until further Order of the Board. Respondent shall provide to the monitor the complete medical record including proposed billing consistent with the requirements of N.J.A.C. 13:35-6.5 and other applicable Board rules. The monitor shall consider respondent's intake documents, examination findings, diagnostic tests requested and results (provided by others as required by this Order) thereof, and treatment rendered, and shall prepare an evaluation of respondent's medical management of the patient's condition, indicating whether or not it is consistent with accepted standards of practice. The monitor shall review respondent's proposed coding (ICD and CPT) on respondent's bill or claim form for accuracy.

(c) The monitor shall submit reports monthly for the first 6 months, and then quarterly until further Order of the Board, summarizing any general observations upon review of the charts, observations of the patient examinations, medical decisionmaking, performance of indicated testing (other than electrodiagnostic testing, which is prohibited), and interpretation of respondent's reports.

The monitor's reports shall also specifically identify any observed deviations from the standard of care or questionable practices, and may indicate remedial measures imposed. The report may also contain recommendations. A list of the patient charts which were reviewed shall be appended to the reports and initialed by the monitor, which initials shall be understood to represent that the monitor has personal knowledge of the material or events addressed. These weekly reports shall be sent to the Medical Director of the Board, who shall maintain them in a confidential manner, with a copy to counsel for both parties.

(d) Respondent shall authorize the monitor to *make* immediate report to the Board of work which, in the opinion of the monitor, fails to meet accepted standards of practice, and also shall report any individual matter believed to present an imminent peril to the patient or to the public.

(e) Respondent shall provide appropriate releases to any and all persons who are participating in the monitoring program as outlined herein, as may be required in order that all reports, records and other pertinent information shall be provided to the Board in a timely manner. Respondent agrees that none of the persons proposed and/or approved as monitor shall have or incur any liability to respondent as a result of their good faith performance of their service.

11. Respondent shall periodically submit to the Medical Director of the State Board of Medical Examiners, a sampling of patient records (redacted to preserve privacy) including bills/claim forms for quality assurance as to apparent adequacy of care and of recordkeeping, and use of appropriate billing codes. The sampling shall be provided on notice and in the manner indicated by the Medical Director.

12. All costs of the probation shall be borne by respondent, and shall not be passed on to patients,.

14. Respondent shall comply with the attached Disciplinary Directives incorporated herein.

15. In the event of further proceedings in any forum, including but not limited to administrative proceedings before any Professional Board within the Division of Consumer Affairs, involving any other person involved in the practices from which respondent accepted referrals, respondent shall comply with her representation to fully cooperate in any investigation, and to testify

fully and truthfully as to the matters within her knowledge regarding the operation of the enterprises.

**THIS ORDER SHALL BE EFFECTIVE UPON ENTRY, EXCEPT THAT
THE REVOCATION SHALL COMMENCE ON FEBRUARY 1, 2004.**

STATE BOARD OF MEDICAL EXAMINERS

By: _____
David M. Wallace, M.D., President

I have read the within Order and
understand its terms. I consent to
the filing of the order by the Board
of Medical Examiners

Witness:

Erlinda Del Rosario, M.D.

Counsel to Dr. Del Rosario

01/21/2004 12:18 FAX 608 888 1883

LENOX LAW FIRM

0004

JAN-28-2004 22:48 FROM:ORLANDO CASPIO
01/20/2004 11:18 PM BUS BUS 1000

6095361768
STATUS NOT KNOWN

TO:6090951693

P.1

ATTY GEN/DIV OF LAW Fax:573-

Jan 15 2004 10:31

P.10

fully and truthfully as to the matters within her knowledge regarding the operation of the enterprise.

THIS ORDER SHALL BE EFFECTIVE UPON ENTRY, EXCEPT THAT
THE REVOCATION SHALL COMMENCE ON FEBRUARY 1, 2004.

STATE BOARD OF MEDICAL EXAMINERS

By: David M. Waller, M.D.
David M. Waller, M.D., President

I have read the within Order and
understand its terms. I consent to
the filing of the Order by the Board
of Medical Examiners

Erinda Del Rosario
Erinda Del Rosario, M.D.

Witness:

Joseph R. Lang
Witness to Dr. Del Rosario
Joseph R. Lang, Esq.

ATTACHMENT A

**REIMBURSEMENT TO INSURANCE COMPANIES FOR BILLINGS SUBMITTED IN
RESPONDENT 'S NAME FOR THE FOLLOWING INSURED:**

<u>PATIENTS NAME</u>	<u>FEES CHARGED</u>	<u>FEES PAID</u>
1. Mr. Tomas Arango 3/19/97	DelRosario/Windsor \$500	Allstate \$357.60
2. Ms. Julia Bonjorno 5/21/97 5/21/97	DelRosario/Windsor \$500 A-Tech \$2,480	Allstate \$0 Allstate \$0
3. Ms. Ramonita Diaz 2/27/97(DelRosario) 2/27/97	\$500 A-Tech \$2,480	Allstate \$490.00 Allstate \$0
4. Mr. Kim Ham De 12/15/96 12/5/96	DelRosario/Windsor \$500 A-Tech \$2320	Allstate \$485.00 Allstate \$0
5. Ms. Ruth Garcia 8/20/97 8/20/97	DelRosario/Windsor \$320 A-Tech \$2,480	Allstate \$0 Allstate \$0
6. Mr. Jose M. Masera (Jose Garcia) 7/30/97 7/30/97	DelRosario/Windsor \$500 A-Tech \$2,320	Allstate \$0 Allstate \$0
7. Ms. Jasmin/Yasmin Millagras 8/20/97 8/20/97	DelRosario/Windsor \$500 A-Tech \$2,440	Allstate \$0 Allstate \$0
8. Mr. Angelo Rodriguez 10/22/96	DelRosario/Windsor \$500	Allstate \$403.00
9. Ms. Dario Rodriguez 8/20/97 8/20/97 8/20/97	DelRosario/Windsor \$500 DelRosario/Windsor \$180 A-Tech \$2,320	Allstate \$0 Allstate \$0 Allstate \$0

10. Mr. Luis Salas

2/6/96

2/6/97

2/6/97

DelRosario/Windsor \$500

DelRosario/Windsor \$500

A-Tech \$2,480

Allstate \$123.20

Allstate \$268.80

Allstate \$0

\$392.00**11. Ms Louise Shumway**

2/26/97

2/26/97

DelRosario/Windsor \$815

A-Tech \$4800

Allstate \$722.00

Allstate \$0

12. Ms Monica Thompson

5/21/97

5/21/97

8/20/97

DelRosario \$500

A-Tech \$2,320

Windsor \$150

Allstate \$0

Allstate \$0

Allstate \$89

\$89.00**13. Ms Linda T. Tu**

11/12/96

12/12/96

6/4/97

DelRosario/Windsor \$180

DelRosario/Windsor \$500

DelRosario/Windsor \$150

Allstate \$136.80

Allstate \$417.00

Allstate \$0

\$553.80**14. Ms. Jeanne Wallace**

11/12/96

12/5/96

12/5/96

12/12/96

12/12/96

614197

DelRosario/Windsor \$180

DelRosario/Windsor \$315

DelRosario/Windsor \$470

DelRosario/Windsor \$320

A-Tech \$2,320

DelRosario/Windsor \$150

Allstate \$171.00

Allstate \$154.00

Allstate \$254.00

Allstate \$319.00

Allstate \$0

Allstate \$0

\$898.00**15. Mr. Linda Chomover**

7/29/96

DelRosario/Windsor \$500

Prudential \$314.00

16. Mr. Anthony F. Salas

1123197

DelRosario/Windsor \$320

Prudential \$319.00

17. Mr. Nicholas Hunt

8/21/96

DelRosario/Windsor \$180

A-Tech \$2365

Prudential \$44.80

Prudential \$ 0

18. Mr. ~~Cuthbert~~ ~~Gonzalez~~

7/6/96

DelRosario/Windsor \$500

0.

Total ascertained repayment due: \$4,390.40 to Allstate

\$ 677.80 to Prudential

\$5,068.20

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2 Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name

shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of an Order issued in connection with this matter, which now or in the future imposes a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license;
- (2) Which censures, reprimands or places on probation;
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.